

# Tax Administration Advisory Services Training Program Application

## Trainee Information

Course title:		Course date:	
Name		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		Home Number (   )	Work Number (   )
E-Mail Address		FAX Number	Passport Number

Position	<b>Contact Person</b>		
	E-Mail	Phone Number (   )	FAX Number (   )

Educational background	Description of duties and responsibilities

Extent of out-of-country travel	Former work experience

If English is not your first language

**Attached are copies of:**   ☐ ALIGU (80)   ☐ TOEFL (525)   ☐ British Council competence scores (acceptable) in speaking and writing English

**Objectives in attending the training**


**Has funding already been obtained?**   ☐ Yes   ☐ No